

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION**



**INSTRUCTIONS FOR FILING APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL (ABC)
LICENSE APPLICATION**

The following instructions are intended for retail and wholesale applicants who are applying for an Alcoholic Beverage Control (ABC) license. Please note that based on the 60 - day placard period and subsequent investigation, a routine application, with no protests, will take approximately 12 weeks for approval. You must call an ABC Licensing Specialist to schedule an appointment for the submission of your application. **Applications will only be accepted when ALL the information is provided. To schedule an appointment call (202) 442-4423 between the hours of 8:30 a.m. and 4:15 p.m., Monday through Friday.**

The applications must be signed by the following:

1. if the applicant is a **sole proprietor**, the individual must sign.
2. if the applicant is a **partnership**, all partners must sign and submit a copy of the partnership agreement.
3. if the applicant is a **corporation**, the President or Vice President must sign. Certified Articles of Incorporation and Certificate of Good Standing must be provided. These documents may be obtained from the Department of Consumer and Regulatory Affairs, (DCRA) Corporation Division. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.
4. if the applicant is an **LLC**, the managing member(s) must sign. The Articles of Organization, the Operating Agreement, Certified Articles of Incorporation and Certificate of Good Standing must be submitted. These documents may be obtained from the DCRA, Corporation Division.
5. if the applicant is a **Limited Partnership**, the general partner(s) must sign. If the general partner is a corporation, the Articles of Organization, Certified Articles of Incorporation and Certificate of Good Standing must be submitted. These documents may be obtained from the DCRA, Corporation Division. Also, minutes of the Board of Director's meeting verifying the election of the officers and a copy of stock certificates must be submitted.

GUIDELINES FOR REQUESTING A STIPULATED LICENSE:

A Stipulated License is issued by the ABC Board to allow the applicant to sell and serve alcoholic beverages on the premise during the interim of the application process and approval. Only Class "C" and "D" may apply for the Stipulated License. The following written correspondence must be submitted to the ABC Board:

1. The applicant must submit a written request for a stipulated license. The request must include the applicant's name, trade name, and address of the premise.
2. The applicant must submit written correspondence from the Advisory Neighborhood Commission (ANC) where the Applicant is located. The letter should include the ANC's vote with a quorum present, not objecting to the issuance of a stipulated license prior to the completion of the notice period. The placard period is sixty (60) days, which includes a forty five (45) day period for community objections. The Chairperson of the Advisory Neighborhood Commission must sign this correspondence.

General instructions

1. **All persons applying for an ABC License must be 21 years of age.**
2. Applications must be submitted in person. **Please bring government issued identification with you.**
3. Please note the term "**APPLICANT**" as used in this application designates the person in whose name the license will be issued if the application is approved.
4. All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Ave., NW, Room 3058, Washington, DC 20001, Monday through Friday, between the hours 9:00 a.m. to 3:00 p.m. In addition, a police clearance for your current residence and from each state in which you have resided in the past five (5) years.
5. All persons with a misdemeanor conviction during the last five (5) years or felony conviction during the last ten (10) years must submit a copy of the court disposition.
6. Application forms must be notarized where applicable.

7. **FEE:** The fee varies. Your licensing specialist will provide you with the correct application fee that is due. **NO BUSINESS OR PERSONAL CHECKS WILL BE ACCEPTED.** For denied or withdrawn applications the following process fees will be charged:
- | | |
|----------------------|----------|
| Sole proprietor | \$150.00 |
| Partnership | \$250.00 |
| Corporation/LLC, etc | \$350.00 |
8. **TAX DOCUMENTS:** All applicants must file for a D.C. Business Tax number at the Office of Tax and Revenue (OTR). Please have all individuals that have completed the Personal History Form and Information Release Affidavits, also complete and submit a stamped copy of the OTR Clean Hands Certification. Business entities must also submit a stamped copy of the OTR Clean Hands Certification. All transferors and any transferee's whose entity has been in existence for more than ninety (90) days must also submit a Certificate of Good Standing from OTR.
9. **ADVERTISEMENT INSTRUCTIONS:**
An applicant applying for a new or transfer to a new location must provide notice to the public for 60 days prior to receiving the license. This includes placarding the establishment and placing an advertisement in a local newspaper of daily circulation. Your Licensing Specialist will provide you with placards and instructions for the advertisement.
10. Attach extra sheets if space allowed under any item is inadequate. Write, "**see attachment**" in any such space, and show name of licensee and date of application at the top of each sheet.

NOTE: The D.C. Department of Consumer & Regulatory Affairs (DCRA), Corporations Division and the Office of Tax and Revenue (OTR) are located at 941 North Capitol Street, NE, 1st floor, Washington, DC 20002

Please read all questions carefully. Each question must be answered. If a question or one portion of the question does not apply; fill in the word "NONE".

ABC APPLICATION:

1. Check off the appropriate boxes and provide the information.
- 2-3. Provide the information.
4. Check off the appropriate box and provide the information. All partners, general partners, managing members, corporate officers and directors must be listed, including name, address, and title.
- 5-6. Provide the information.
7. Check off the appropriate box.
8. Provide the information.

ADDITIONAL DOCUMENTS REQUIRED FOR AN ABC LICENSE:

1. A lease is required if you are leasing the space. Please submit copies of the signed lease or letter of intent to lease. All lease documents must be signed by the property owner and contain specific authorization to sell and serve alcoholic beverages on the premises. The lease must be in the applicant's name, i.e., sole proprietor, partners, LLC, corporation, etc.
2. Submit a copy of the Certificate of Occupancy (C of O) from DCRA, 2nd floor, located at 941 North Capitol, N.E., Washington, D.C. 20002, (202) 442-4560. If the C of O has not been issued, apply for a Zoning Certificate and submit a letter requesting approval of the license under Section 405.1 of the ABC Regulations. This pertains to all Class "A", "B", "C" and "D" applications.
3. Submit copies of restaurant, grocery store, delicatessen, public hall, billiards or other business licenses. All Class "C" & "D" establishments must have a restaurant license.
4. When applying for a new or transfer to a new location, submit 5" X 7" or 7 1/2" X 10" photographs depicting the exterior and interior of the premises. The exterior must depict where the premise connects to the adjacent building(s).
5. If you are applying for a Class "C" or "D" license, provide a copy of the menu.

BUSINESS AND PREMISE:

Provide trade name of the establishment, the area of premise and storage.

- 1-5. Check off the appropriate box and provide the information.
6. Provide the hours that you will be open for business.
7. Provide the hours that you will sell, serve, or allow the consumption alcoholic beverages.
8. Provide the hours that you will sell food. Please note that if you are applying for a Class "C" or "D" restaurant license, your kitchen must be open until two (2) hours prior to closing.
9. Provide the hours that you will have live entertainment.
10. Provide the information.
11. Provide the information.
12. Only check off the appropriate box and provide this information if you are applying for a Class "A" or "B" license.
- 13a. Specify in detail. This is only for applicants filing for a Class "C" or "D" license.
- 13b. Specify in detail e.g. DJ, type of band and vocals, size of bands and vocals, nude performances, types of music such as Hip Hop, GoGo, Jazz, etc. This is only for applicants filing for a Class "C" or "D" license.
- 13c. Specify in detail. This is only for applicants filing for a Class "C" or "D" license.

14. Provide the information. This is only for applicants filing for a Class "C" or "D" license.
15. Only provide the information if you are applying for a transfer of ownership with a sale and are applying for a Class "C" or "D" license.
16. Check off the appropriate box and provide the information if you are applying for a transfer of ownership for a Class "C" or "D" license only.

FINANCIAL AFFIDAVIT:

Provide trade name of the establishment.

Please be sure that Section B exceeds Section A. Although you will complete this form, please be advised that the Licensing Specialist or the ABC Board may request the actual documentation of the source of the monies.

APPROPRIATENESS STANDARDS:

Provide trade name of the establishment. Please give details in answering questions 1-3.

PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION AFFIDAVIT:

All applicants such as a sole proprietor, partner, general partner in a limited partnership, officer(s), director(s) or managing manager in a LLC, corporate officer(s) or director(s) in a corporation must each complete a personal history and information release authorization affidavit.

Check the appropriate box which explains why you are filing the personal history and information release authorization affidavit. Also, provide the trade name of the establishment and the number of shares you hold, if applicable.

1. Provide the information required.
2. Provide all other names that you have ever used including maiden name.
3. Check the appropriate box. If you are not a U.S. citizen, provide the date, place and certificate number when you became a naturalized citizen. Provide a copy of the naturalized citizenship documentation.
- 3a. Provide a copy of the documents if applicable.
4. Check the appropriate boxes and if any of the answers are yes, please give a detail explanation on a separate sheet of paper and attach it to this form.
5. Provide the total amount of capital that you have contributed to the business.
6. If you have ever been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years, please provide the court disposition.

Information Release Authorization

Please complete this form and have it notarized.

OTHER FORMS NEEDED WHEN, YOU COMPLETE A PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION:

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, located at 300 Indiana Ave., NW, Room 3058, Washington, DC 20001, Monday through Friday, between the hours 9:00 a.m. to 3:00 p.m. In addition, a police clearance for your current residence and from each state in which you have resided in the past five (5) years.

ATTORNEY/AGENT DESIGNATION:

Have your attorney/agent complete this form. This form may be used at any time by an attorney/agent who wishes to represent an applicant.

TRANSFER CONSENT FORM:

This form must be completed by individuals, partners, LLC, corporations or LTD Partnership whose name appears on the present license and are transferring the license to the new applicant.

NO SUBSTANTIAL CHANGE:

This form must be completed by both the transferor and the transferee applicant as listed on the ABC application. If the applicant is a sole owner, the individual must sign; if the applicant is a partner, all partners must sign; if the applicant is a corporation, the president or vice president must sign; or if the applicant is an LLC, the managing member(s) must sign. This form certifies that no substantial changes will take place as stated in the document.

TRUE AND ACTUAL OWNER OF THE PREMISES:

This form must be signed by the owner of the property.

OPTIONAL PERMITS:

TASTING PERMIT APPLICATION-ONLY A CLASS "A" LICENSEE CAN APPLY:

- 1-4. Provide the information.
5. Check off the appropriate box.
6. Check off the appropriate box.
7. Attach a sketch of the establishment indicating the areas where the tastings will be held.

SUMMER GARDEN APPLICATION/SIDEWALK CAFÉ PERMIT:

- 1-2. Provide the information.
3. Provide the number of seats pursuant to the Certificate of Occupancy for the establishment inside and the summer garden.
4. Provide the information.

ADDITIONAL DOCUMENTS REQUIRED FOR SUMMER GARDEN APPLICATION/SIDEWALK CAFÉ PERMIT

1. Copy of Certificate of Occupancy for the number of seats for the establishment and summer garden. Please note when applying to DCRA for the summer garden please indicate on the application that you are requesting a summer garden.
2. Letter from the landlord giving permission to the applicant to sell and serve alcoholic beverages on the summer garden.
3. A Public Space Permit is required for a sidewalk café. This document may be obtained from the District Department of Transportation.
4. A diagram of the establishment is required denoting the designated area for the summer garden/sidewalk café.
5. The hours listed may not exceed the public space or previously ABC Board approved hours.

SPECIAL NOTICE

The District of Columbia will provide the appropriate services and auxiliary aids, including sign language interpreters, whenever necessary to ensure effective communication with members of the public who are deaf, hearing impaired or who have other disabilities affecting communications. Requests for services and auxiliary aids should be made at least ten days prior to any scheduled hearing. Please notify Laura Byrd, Chief of the Adjudication Division at (202) 442-4423.



GOVERNMENT OF THE DISTRICT OF COLUMBIA

ABC APPLICATION

FOR OFFICIAL USE ONLY

APPLICATION NUMBER:		LICENSE NUMBER:		CONTROL NUMBER:	
<input type="checkbox"/> New <input type="checkbox"/> Transfer New Location <input type="checkbox"/> Transfer with/sale <input type="checkbox"/> Transfer without/sale <input type="checkbox"/> Stock Transfer					
Date Accepted:		Date Issued:		Hearing Date:	
Fees Paid: \$		From To		Accepted By:	
License Period:		From To		Ward/ANC:	
Premise:			Storage:		
Board Approval Date:	Board Member's Initials:	→			

TO BE COMPLETED BY APPLICANT

1. Type of License: ☐ Manufacturer ☐ Wholesaler ☐ Retailer
- Class of License:
- ☐ A ___ Tasting Permit
- ☐ B
- ☐ C ___ Restaurant ___ Tavern ___ Nightclub ___ Hotel ___ Club ___ Multi Purpose Facility ___ Common Carrier
Number of Seating: _____ **Number of Rooms:** _____
- ☐ D ___ Restaurant ___ Tavern ___ Nightclub ___ Hotel ___ Club ___ Multi Purpose Facility ___ Common Carrier
Number of Seating: _____ **Number of Rooms:** _____
- ☐ Additional Request ___ Summer Garden ___ Sidewalk Café ___ 404.2 ___ 405.1 ___ Brew Pub

2. Name of Applicant:

3. Trade Name:

4. Type of Applicant: ☐ Sole Proprietor ☐ Corporation ☐ Partnership ☐ LLC ☐ Other (PLLC, PA, PC)*List Sole Proprietor, Partners, General Partner(s), Managing Member(s), Corporate Officer(s) or Director(s)*

Name

Address

Title

5. Business Address: _____ Business Telephone: _____ Fax Number: _____ E-Mail Address: _____	6. If Corporation, give number of stocks/shares: Authorized _____ Issued _____ <hr/> 7. ABRA Violations: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, explain)</i>								
8. List any person holding, directly or indirectly, 25% or more of controlling interest in the corporation or partnership: <table style="width: 100%; border: none;"><tr><td style="width: 50%;">Name _____</td><td style="width: 50%;"># of Shares / % Interest _____</td></tr><tr><td>Name _____</td><td># of Shares / % Interest _____</td></tr><tr><td>Name _____</td><td># of Shares / % Interest _____</td></tr><tr><td>Name _____</td><td># of Shares / % Interest _____</td></tr></table>		Name _____	# of Shares / % Interest _____	Name _____	# of Shares / % Interest _____	Name _____	# of Shares / % Interest _____	Name _____	# of Shares / % Interest _____
Name _____	# of Shares / % Interest _____								
Name _____	# of Shares / % Interest _____								
Name _____	# of Shares / % Interest _____								
Name _____	# of Shares / % Interest _____								

CERTIFICATION: I hereby certify under penalty of perjury that the information in this application and attachments are true and correct to the best of my knowledge and belief. I will also conform to all laws and regulations related to the alcoholic beverage license for which I have applied

Signature _____ Title _____
Print Name & Title _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200_____

NOTARY PUBLIC _____

My Commission expires on: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



BUSINESS AND PREMISE

Trade Name: _____

Area of Premise: _____ **Area of Storage:** _____

1. Will you be the true and actual owner of the business? Yes () No () If no, explain fully.

2. Will any other business be conducted on the premise? Yes () No () If yes, explain fully.

3. Do you now have or have you previously held a license for the sale of alcoholic beverages?
() No () Yes If yes, state when and where. _____.
4. Will any portion of the premises be used for a dwelling or a lodging house? () Yes () No
If yes, is there interior access to the living quarters from the licensed area? () Yes () No
5. Does any manufacturer, brewer, distiller, wholesaler, or solicitor of alcoholic beverages, or any employee thereof, or any other individual or corporation have any financial interest, directly, or indirectly, in this business or any other business holding an ABC license?
() No () Yes If yes, explain fully.

6. What are the hours of operation?

Sunday:	From _____	AM / PM	To _____	AM / PM
Monday:	From _____	AM / PM	To _____	AM / PM
Tuesday:	From _____	AM / PM	To _____	AM / PM
Wednesday:	From _____	AM / PM	To _____	AM / PM
Thursday:	From _____	AM / PM	To _____	AM / PM
Friday:	From _____	AM / PM	To _____	AM / PM
Saturday:	From _____	AM / PM	To _____	AM / PM

7. What are the hours for the sale, service, or consumption of alcoholic beverages?

Sunday:	From _____	AM / PM	To _____	AM / PM
Monday:	From _____	AM / PM	To _____	AM / PM
Tuesday:	From _____	AM / PM	To _____	AM / PM
Wednesday:	From _____	AM / PM	To _____	AM / PM
Thursday:	From _____	AM / PM	To _____	AM / PM
Friday:	From _____	AM / PM	To _____	AM / PM
Saturday:	From _____	AM / PM	To _____	AM / PM

8. What are the hours of food service?

Sunday:	From	_____	AM / PM	To	_____	AM / PM
Monday:	From	_____	AM / PM	To	_____	AM / PM
Tuesday:	From	_____	AM / PM	To	_____	AM / PM
Wednesday:	From	_____	AM / PM	To	_____	AM / PM
Thursday:	From	_____	AM / PM	To	_____	AM / PM
Friday:	From	_____	AM / PM	To	_____	AM / PM
Saturday:	From	_____	AM / PM	To	_____	AM / PM

9. What hours will you provide live entertainment, D.J., or Karaoke?

Sunday:	From	_____	AM / PM	To	_____	AM / PM
Monday:	From	_____	AM / PM	To	_____	AM / PM
Tuesday:	From	_____	AM / PM	To	_____	AM / PM
Wednesday:	From	_____	AM / PM	To	_____	AM / PM
Thursday:	From	_____	AM / PM	To	_____	AM / PM
Friday:	From	_____	AM / PM	To	_____	AM / PM
Saturday:	From	_____	AM / PM	To	_____	AM / PM

10. Provide the name, address, and distance (in feet) of the nearest church, school, public library, day care center, and recreation center. List below:

Church	_____
School	_____
Public Library	_____
Day Care Center	_____
Recreation Center	_____

11. How were the above distances measured?

12. For Class "A" & "B" Only

Is there another ABC licensed establishment of the same class within 400 feet of your establishment?
() No () Yes If yes, state name, address and distance.

13. For Class "C" & "D" Only

a) Describe the nature of operation, including the type of food served, expected age range, etc.
If dancing is provided, give the exact dimensions of the dance floor and its location.

- b) Describe the kind of entertainment to be offered, including nude performances and types of music.

- c) Describe other goods or services to be offered or provided at the establishment, including any mechanical or electronic entertainment devices and lottery operations.

14. What are your projected gross annual receipts from food sales for the next twelve months? (\$_____). How did you arrive at this amount?
15. What are your projected gross annual receipts from alcoholic beverage sales for the next twelve months? \$_____. **Please answer if you are applying for a transfer of ownership with a sale**
16. Has the quarterly report been filed for your establishment? () Yes () No If no, submit with application.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FINANCIAL AFFIDAVIT

Trade Name: _____

A. COST/EXPENSES

- | | | |
|----------------------------|------------------------------------|-----------------|
| 1. | Purchase / Sale Price for Business | \$ _____ |
| 2. | Down Payment | \$ _____ |
| 3. | Amount Financed | \$ _____ |
| 4. | Working Capital | \$ _____ |
| 5. | Inventory | \$ _____ |
| TOTAL COST EXPENSES | | \$ _____ |

B. SOURCE OF FUNDS TO SATISFY THE TRANSACTION (\$AMOUNTS). TOTAL(S) (MULTIPLE OR SOLE SOURCE) MUST AGREE WITH TOTAL COST EXPENSE

- | | | | |
|---------------------------|------------------------|---------|-----------------|
| 1. | CASH ON HAND | SEE (C) | \$ _____ |
| 2. | SAVINGS ACCOUNT | SEE (C) | \$ _____ |
| 3. | CHECKING ACCOUNT | SEE (C) | \$ _____ |
| 4. | CERTIFICATE OF DEPOSIT | SEE (C) | \$ _____ |
| 5. | PROMISSORY NOTES | | \$ _____ |
| 6. | LOAN(S) | SEE (C) | \$ _____ |
| 7. | OTHER | | \$ _____ |
| TOTAL SOURCE FUNDS | | | \$ _____ |

C. NOTE: Funds dispersed to satisfy the transaction prior to the application must be accounted for.

Applicant Signature: _____ **Print Name:** _____

The foregoing was subscribed to and sworn before me this _____ day of _____, 200 _____

Notary Public: _____

My Commission Expires On: _____

NOTE TO APPLICANT: This form must be completed for all new applicants and changes of ownership. **ADDITIONAL DOCUMENTS MAY BE REQUESTED BY THE ADMINISTRATION.**

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



APPROPRIATENESS STANDARDS

Trade Name: _____

Respond to the following questions in a narrative. Attach additional paper if necessary.

In determining the appropriateness of an establishment, the Board shall consider all relevant evidence of record as may be applicable, as a matter of experience to existing licensees or as a matter of reasonable expectation to new applicants, including but not limited to the following factors:

1. What effect will your establishment have on real property values on the relevant locality, section, or portion of the District of Columbia? Give a detailed explanation.

2. What effect will your establishment have on the peace, order, and quiet including noise and litter, on the relevant locality, section or portion of the District of Columbia? Give a detailed explanation.

3. What effect will your establishment have upon the residential parking needs and vehicular traffic and pedestrian safety? Give a detailed explanation.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



PERSONAL HISTORY AND INFORMATION RELEASE AUTHORIZATION AFFIDAVIT

Note: Please complete a personal history for each of the following:

Sole Proprietor, Partner(s), Corporate Officers, Directors of Corporation, Managing Member(s), and General Partner(s)

- ☐ Change of Officer/Partner Trade Name _____
- ☐ New Application Number of Shares of Stock _____
- ☐ Transfer Reviewed By _____
- ☐ Stock Transfer Application Date _____

1. Name _____ Title _____
Home Address _____
Telephone Number _____
Date of Birth: _____ Place of Birth: _____

2. List Aliases _____

3. Are you a U.S. Citizen?

☐ Yes If you are a naturalized citizen, attach copy. Give date, place and certificate number: _____

☐ No, **complete 3a**

3a. If applicable, attach copy of the following document:

Green Card Number: _____ Visa Number: _____

Work Permit: _____ Expiration Date: _____

Please answer the following questions:

4. Have you ever received or applied for any other ABC license in D.C. or elsewhere? () Yes () No

Have you ever held any ABC license that has been suspended, denied or revoked in D.C. or elsewhere?
() Yes () No

Does any member of your immediate family now hold an ABC license or have any financial interest, directly or indirectly, in any ABC licensed establishment in the District of Columbia or elsewhere?
() Yes () No

If the answer to any of the above is yes, give date, place and details on a separate sheet of paper.

All applicants must obtain a police clearance from the District of Columbia's Metropolitan Police Department, Room 3058, located at 300 Indiana Avenue, N.W., Washington, D.C. 20001, Monday through Friday, between the hours of 9:00 a.m. to 3:00 p.m. **(fee is required)**. In addition, a police clearance for your current residence and from each state in which you have resided during the last five (5) years.

5. What is the total amount of capital you have contributed to the business?

6. Have you ever been convicted of a misdemeanor during the last five (5) years or a felony during the last ten (10) years? () Yes () No

An individual with a misdemeanor or felony conviction must submit a copy of the court disposition with the application.

INFORMATION RELEASE AUTHORIZATION

CAREFULLY READ THIS AUTHORIZATION TO RELEASE INFORMATION ABOUT YOU, THEN SIGN AND DATE IN INK.

I authorize any agent from the Alcoholic Beverage Regulation Administration, to obtain any information, relating to my activities, from employers, criminal justice agencies, financial or lending institutions, credit bureaus, consumer reporting agencies and retail business establishments, or individuals. This information may include, but is not limited to, my residential, personal, or criminal history record, and financial and credit information.

I further authorize release of my criminal history from criminal justice agencies for the purpose of determining my eligibility for a liquor license as either a licensee and/or investor. I understand that the information released is for official use by the Alcoholic Beverage Regulation Administration, and that these users may redisclose this information as authorized by law.

I release any individual, including records custodians, from all liability for damages that may result to me because of compliance, or any attempts to comply, with this authorization. This release is binding, now and in the future, on my heirs, assignees, associates and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.

Failure to complete this form may result in delays of obtaining your license and may result in the license being denied if this information cannot otherwise be obtained.

Signature

Full name type or printed

Other names used

Social security number

Other names used

Other names used

Current address

Home Telephone

Date

I hereby certify under penalty of perjury that the foregoing information is true and correct to the best of my knowledge and belief. I further, hereby, authorize the Alcoholic Beverage Control Board or its employees to investigate any and all of the information provided by me in this application for an ABC license.

Signature _____

Title _____

Print Name & Title _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200_____

NOTARY PUBLIC _____

My Commission expires on: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



ATTORNEY/AGENT DESIGNATION

DATE: _____

Please enter my appearance as attorney/agent for:

Applicant's Name/Trade: _____

☐ Retailer

☐ Wholesaler

Class: ☐ A ☐ B ☐ C ☐ D

Name

Address

Telephone Number

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



TRANSFER CONSENT FORM

FOR INDIVIDUAL OR PARTNERS:

I, (we) _____ being first duly sworn, on oath depose
Sole Proprietor/Partner(s)

and say that I am (we are), the possessor(s) of a Retailer/Wholesaler Class _____ license for
premises located at _____ and request
that Alcoholic Beverage Control Board transfer the aforesaid license to _____

(Sole Proprietor, Partner(s), LLC, Corporation, Limited Partnership)

I, (we) _____ certify that there are no pending actions
Sole Proprietor/Partner(s)

against me (us) in the Federal or District of Columbia courts or before the Board of violating the
Title 25 of the D.C. Official Code.

Signature

Print Name & Title

Signature

Print Name & Title

FOR LLC, CORPORATION OR LTD PARTNERSHIP:

I, (we)) _____, being first duly sworn, on oath depose and say that I am,
(LLC, Corporation or LTD Partnership)

(we are) the possessor of a Retailer/Wholesaler Class _____ license for premises located
at _____ and request the
Alcoholic Beverage Control Board to transfer the aforesaid license to _____

(Sole Proprietor, Partner(s), LLC, Corporation, Limited Partnership)

I certify that there are no actions pending against me or any of the officers or directors of said Corporation in the Federal
or District of Columbia courts of keeping a disorderly house, or of violating the Title 25 of the D.C. Official code or the laws
against gambling in the District of Columbia.

Signature

Print Name & Title

Signature

Print Name & Title

Signature

Print Name & Title

The foregoing was subscribed to and sworn before me this _____ day of _____, 200 _____

Notary Public: _____

My Commission Expires On: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



NO SUBSTANTIAL CHANGE

TRADE NAME: _____

This is to certify that no change which could be deemed a substantial change to the business will occur before this license period expires, as set forth in Title 23, Section 505 of the District of Columbia Municipal Regulations, June 1997. In addition, we certify that there will be no change to the exterior or interior of the building after the submission of the last photograph.

If individual, applicant must sign; if partnership, each partner must sign; if corporation, president or vice president; if Limited Liability Company each member must sign.

Signature (Transferor)

Name/Title (Print or Type)

Signature (Transferor)

Name/Title (Print or Type)

Signature (Transferee)

Name/Title (Print or Type)

Signature (Transferee)

Name/Title (Print or Type)

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____, 200_____

NOTARY PUBLIC _____

My Commission expires on: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



TRUE AND ACTUAL OWNER OF THE PREMISES

1. Address of premises upon which business is to be conducted.

2. Name and address of the true and actual owner of the premises.

3. Will a manufacturer or wholesaler have any direct or indirect financial interest in the premises or business, including any money, equipment, furniture, fixtures or property either given, rented or loaned to the business or establishment by any manufacturer or wholesaler?
() NO () YES
4. As the owner of the premises do you have any financial interest, directly or indirectly, in the ABC license (i.e. lease, security agreement) or do you hold any other ABC license in the District of Columbia? () NO () YES If yes, explain. ***(Copies of any financial interest in the license should be attached).***

I (We) certify, under the penalty of perjury, that the statement contained in the foregoing is true and correct to the best of my (our) knowledge and belief.

Signature of true and actual owner

Date

Print Name of true and actual owner

Signature of true and actual owner

Date

Print Name of true and actual owner

The foregoing was subscribed to and sworn before me this _____ day of _____, 200 _____

Notary Public: _____

My Commission Expires On: _____

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FOR OFFICIAL
USE ONLY

OFFICE OF TAX &
REVENUE (OTR)

SIGNATURE

DATE

BUSINESS ENTITY CLEAN HANDS CERTIFICATION

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) **BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

I, _____, as _____,
(Name - print or type) (Sole Proprietor/Corporate Officer, et al)

certify that _____, trading as _____, at
(Business Name) (Trade Name)

_____,
(Business Address)

F.E.I.N. NUMBER _____, as of this date _____,

Does not owe more than \$100.00 to the District of Columbia Government as a result of:

1. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
2. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
3. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
4. Past due taxes; or
5. Past due District of Columbia Water and Sewer Authority Service Fees.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



FOR OFFICIAL
USE ONLY

OFFICE OF TAX &
REVENUE (OTR)

SIGNATURE

DATE

INDIVIDUAL CLEAN HANDS CERTIFICATION

PLEASE READ CAREFULLY AND COMPLETELY BEFORE SIGNING. A FALSE STATEMENT ON THIS CERTIFICATION REQUIRES THAT THE ADMINISTRATION PROCEED IMMEDIATELY TO REVOKE THE LICENSE OR PERMIT FOR WHICH YOU ARE NOW APPLYING, AND FINE YOU \$1,000.00 (ONE THOUSAND DOLLARS). THIS CERTIFICATION IS REQUIRED BY THE CLEAN HANDS ACT OF 1996; EFFECTIVE MAY 11, 1996, (D.C. LAW 11-118, D.C. OFFICIAL CODE SEC. 47-2861 *et seq.*) **BEFORE YOU ARE ELIGIBLE TO RECEIVE A LICENSE OR PERMIT.**

I, _____, as _____,
(Name - print or type) (Applicant's Title)

certify that _____,
(Home Address)

SSN NUMBER _____, as of this date _____,

Does not owe more than \$100.00 to the District of Columbia Government as a result of:

6. Fines, penalties or interest assessed pursuant to the Litter Control Administrative Act of 1985, effective March 25, 1986 (D.C. Law 6-100; D.C. Official Code Sec. 8-801 *et seq.*);
7. Fines, penalties or interest assessed pursuant to the Illegal Dumping Enforcement Act of 1994, effective May 20, 1994 (D.C. Law 10-117; D.C. Official Code Sec. 8-901 *et seq.*);
8. Fines, penalties or interest assessed pursuant to the Department of Consumer & Regulatory Affairs Civil Infraction Act of 1985, effective October 5, 1985 (D.C. Law 6-42; D.C. Official Code Sec. 2-1801.01 *et seq.*); or
9. Past due taxes; or
10. Past due District of Columbia Water and Sewer Authority Service Fees.

I understand that if I knowingly falsify this Certification, the Administration will move to revoke the license or permit for which I am applying, and fine me \$1,000.00 (one thousand dollars). I further understand that the Administration may conduct an investigation to ascertain the veracity of this certification.

I understand that this Certification is now required as documentation to accompany my application for a license or permit, and that by completing this Certification, I am not guaranteed that my license or permit will be approved.

Signature

Print Name/Title

ABC Application Number

ABC License Number

GOVERNMENT OF THE DISTRICT OF COLUMBIA
ALCOHOLIC BEVERAGE REGULATION ADMINISTRATION



ASTING PERMIT APPLICATION

FOR OFFICIAL USE ONLY

<input type="checkbox"/> NEW <input type="checkbox"/> RENEWAL		Date:		Accepted By:			
Application Number:			License Expiration Date:				
Ward:		ANC:		Date Denied:			
Board Approval Date:	Board Member's Initials:	→					

TO BE COMPLETED BY APPLICANT

1. Applicant:		2. Trade Name:																															
3. Premise Address: Street _____ City _____ State _____ Zip Code _____ 3a. Telephone Number: (_____) _____																																	
4. Days and Hours Designated for Tasting: <i>(Total hours should not exceed 3 hours per day and 12 hours per week)</i> <table><tr><td>Monday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr><tr><td>Tuesday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr><tr><td>Wednesday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr><tr><td>Thursday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr><tr><td>Friday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr><tr><td>Saturday:</td><td>From _____</td><td>AM / PM</td><td>To _____</td><td>AM / PM</td></tr></table>				Monday:	From _____	AM / PM	To _____	AM / PM	Tuesday:	From _____	AM / PM	To _____	AM / PM	Wednesday:	From _____	AM / PM	To _____	AM / PM	Thursday:	From _____	AM / PM	To _____	AM / PM	Friday:	From _____	AM / PM	To _____	AM / PM	Saturday:	From _____	AM / PM	To _____	AM / PM
Monday:	From _____	AM / PM	To _____	AM / PM																													
Tuesday:	From _____	AM / PM	To _____	AM / PM																													
Wednesday:	From _____	AM / PM	To _____	AM / PM																													
Thursday:	From _____	AM / PM	To _____	AM / PM																													
Friday:	From _____	AM / PM	To _____	AM / PM																													
Saturday:	From _____	AM / PM	To _____	AM / PM																													
5. Have you previously obtained a Tasting Permit: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>(If yes, please attach a copy)</i>																																	
6. Check the type of beverages that will be served: <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Spirits																																	
7. Please attach a sketch, indicating tasting location.																																	

THE COST OF A NEW PERMIT IS \$100.00, AS WELL AS AN ADDITIONAL FEE OF \$25.00 FOR INSPECTION. THE COST FOR A RENEWAL PERMIT IS \$100.00. THE FEE SHOULD BE IN THE FORM OF CASH, A CASHIERS CHECK, CERTIFIED CHECKS OR MONEY ORDERS, PAYABLE TO THE D.C. TREASURER. NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED.

Signature / Title (Sole Proprietor, President, Vice President
Managing Member, General Partner or Partner)

Print Name

☆ ☆ ☆

OFFICIAL USE ONLY**TO BE COMPLETED BY APPLICANT**

Sunday:	From	_____	AM / PM	To	_____	AM / PM
Monday:	From	_____	AM / PM	To	_____	AM / PM
Tuesday:	From	_____	AM / PM	To	_____	AM / PM
Wednesday:	From	_____	AM / PM	To	_____	AM / PM
Thursday:	From	_____	AM / PM	To	_____	AM / PM
Friday:	From	_____	AM / PM	To	_____	AM / PM
Saturday:	From	_____	AM / PM	To	_____	AM / PM

7. What are the hours of food service?

Sunday:	From _____	AM / PM	To _____	AM / PM
Monday:	From _____	AM / PM	To _____	AM / PM
Tuesday:	From _____	AM / PM	To _____	AM / PM
Wednesday:	From _____	AM / PM	To _____	AM / PM
Thursday:	From _____	AM / PM	To _____	AM / PM
Friday:	From _____	AM / PM	To _____	AM / PM
Saturday:	From _____	AM / PM	To _____	AM / PM

8. What hours will you provide live entertainment, D.J., or Karaoke?

Sunday:	From _____	AM / PM	To _____	AM / PM
Monday:	From _____	AM / PM	To _____	AM / PM
Tuesday:	From _____	AM / PM	To _____	AM / PM
Wednesday:	From _____	AM / PM	To _____	AM / PM
Thursday:	From _____	AM / PM	To _____	AM / PM
Friday:	From _____	AM / PM	To _____	AM / PM
Saturday:	From _____	AM / PM	To _____	AM / PM

9. Please provide the following information:

1. Copy of Certificate of Occupancy (Include number of seats for the summer garden)
2. Letter from Landlord giving permission to applicant to serve Alcoholic Beverages on the Summer Garden
3. Public Space Permit for a sidewalk café
4. Diagram of premise showing the designated area for summer garden/sidewalk café

THE COST OF A NEW PERMIT IS \$100.00, AS WELL AS AN ADDITIONAL FEE OF \$25.00 FOR INSPECTION. THE COST FOR A RENEWAL PERMIT IS \$100.00. THE FEE SHOULD BE IN THE FORM OF CASH, A CASHIERS CHECK, CERTIFIED CHECKS OR MONEY ORDERS, PAYABLE TO THE D.C. TREASURER. NO PERSONAL OR BUSINESS CHECKS WILL BE ACCEPTED.

Signature / Title (Sole Proprietor, President, Vice President
Managing Member, General Partner or Partner)

Print Name